

216006963  
82756

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 071	Agency Case No. B6-013087	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/15/2016		TIME OF ACCIDENT 1638	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1640	02/15/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O Street		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	64.00		N 26th Street			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		N S E W
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13319156		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	LOGAN A BELL		PHONE	4024169305	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/06/1992	
1	OWNER	WILLIAM R BELL		PHONE	4024169305	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB489403	
4	LICENSE PLATE PA NO.	RUN970		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
H	VEHICLE	2008	MAKE Dodge	MODEL Grand Caravar	BODY STYLE Mini van	COLOR dark blue
V1/O	VEHICLE ID NO. (VIN)	2D8HN44H88R633747		INSURANCE COMPANY	Allied	
V2/O	TOWED TO	TOWED BY		POLICY NO.	PPBM0015275755-0	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13472245		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	MELANDO JAMES		PHONE	4028053790	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/13/1963	
3	OWNER	GAYLENE JAMES / Melando James		PHONE	4028053790	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE PA NO.	TZW524		YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/Q	VEHICLE	2007	MAKE Honda	MODEL ACCORD	BODY STYLE 4 door Sedan	COLOR gray
V2/Q	VEHICLE ID NO. (VIN)	1HGCM66827A071899		INSURANCE COMPANY	American Family	
K	TOWED TO	TOWED BY		POLICY NO.	2510-5242-03-48-SPPA-NE	
01	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-013087

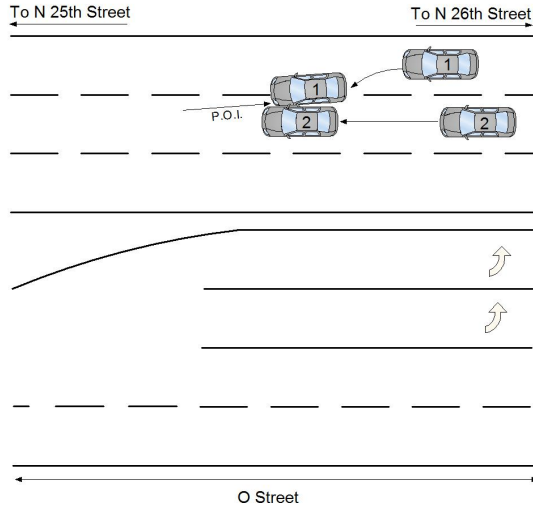


Indicate  
North  
by Arrow



P.O.I.

13' S of N Curb of O Street  
64' W of E Curb of N 26th Street



All measurements are approximate

**Not To Scale**

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was WB on O Street/26th-25th Street in the outside lane of traffic. D1 stated he 'was not planning on merging.' D1 stated the two vehicles then collided. D1 was asked if he accidentally merged into the other lane and he confirmed he did. D2 stated he was WB on O Street/26th-25th Street in the lane of traffic to the south of D1. D2 stated D1 merged into his lane and struck the side of his vehicle, causing an accident. No independent witnesses. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1		VEH 2			
1				X	O Street								1		1			
2				X	O Street								2		1			
1	01				06 Turning left	VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		Driver No. 2		
2	01				08 Entering traffic lane	POINT OF IMPACT	08	POINT OF IMPACT	03	2 Deployed - side		2 Lap & shoulder belt used		Y		Y		
					MOST DAMAGED AREA	08	MOST DAMAGED AREA	03	3 Deployed - both front/side		3 Shoulder belt only used		N		N			
					00 None	02		03		4 Not deployed		4 Lap belt only used		X		X		
					09 Top & windows	01		05		5 Not applicable/ No airbag available		5 Child safety seat used		N		N		
					10 Undercarriage	08		07		6 Unknown		6 Child booster seat used		N		N		
					11 Total (all areas)	06		04		7 DOT approved helmet used		7 Costume helmet used		N		N		
					12 Other	05		06		8 Restrained use unknown		8 Restrained use unknown		N		N		
					01 Essentially straight ahead	09 Leaving traffic lane		06		VEHICLE 2		VEHICLE 2		1 Neither alcohol nor drugs suspected		1		
					02 Backing	10 Parked		07		4		2		2 Yes - alcohol suspected		1		
					03 Changing lanes	11 Slowing or stopped in traffic		08						3 Yes - drugs suspected				
					04 Overtaking/ Passing	12 Other		09						4 Yes - alcohol & drugs suspected				
					05 Turning right	13 Unknown		10						5 Unknown				
					TROOP/ TEAM/ BEAT		CE		DEPARTMENT		Lincoln Police Department		Photographs taken?		YES		NO	
OFFICER NO. 1686					INVESTIGATOR NAME (Print or Type) Matthew Schiefelbein					INVESTIGATOR SIGNATURE Approved by Officer Matthew Schiefelbein					DATE OF REPORT 02/15/2016			